

SIDEWALK VENDOR PERMIT APPLICATION

FEE: \$100.00

LICENSE YEAR: 1 YR. FROM DATE OF ISSUANCE

RETURN TO:

City Clerk's Office
555 S. 10th St., Room 103
Lincoln NE 68508

LMC Chapter 14.50

Please PRINT using blue or black ink only.

APPLICANT'S INFORMATION			
NAME:			
DATE OF BIRTH:		SSN#:	
HOME ADDRESS:			
ZIP:		HOME PHONE#:	FAX#:
BUSINESS NAME:			
BUSINESS ADDRESS:			
STATE SALES TAX#:			
ZIP:		BUSINESS PHONE#:	FAX#:

OWNER OF VENDING BUSINESS' INFORMATION <i>(if different than Applicant)</i>			
NAME:			
ADDRESS:			
ZIP:		PHONE#:	FAX#:

RECORD OWNER OF PUSHCARTS			
NAME:			
ADDRESS:			
ZIP:		PHONE#:	FAX#:

HOW MANY PUSHCARTS DO YOU WISH TO LICENSE? _____

- PLEASE ATTACH THREE (3) PRINTS OF A FULL-FACE PHOTOGRAPH OF APPLICANT TAKEN NOT MORE THAN 30 DAYS PRIOR TO THE DATE OF APPLICATION.
- PLEASE ATTACH PHOTOGRAPH OR SCALE DRAWING OF THE PUSHCART AND ANY OTHER EQUIPMENT TO BE USED.

PLEASE LIST EMPLOYERS FOR LAST FIVE YEARS:

FROM:

TO:

EMPLOYER:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST RESIDENCES FOR LAST FIVE YEARS:

FROM:

TO:

ADDRESS:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A MINOR TRAFFIC OFFENSE? ☐ YES ☐ NO

IF YES, PLEASE LIST THE OFFENSE, PLACE AND APPROXIMATE DATE BELOW:

OFFENSE:

APPROX. DATE:

PLACE:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC OFFENSE? ☐ YES ☐ NO

IF YES, PLEASE LIST THE OFFENSE, PLACE AND APPROXIMATE DATE BELOW:

OFFENSE:

APPROX. DATE:

PLACE:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ITEMS FOR SALE:

☐ Food

☐ Fresh Flowers

☐ Balloons

PLEASE LIST THE DAYS OF THE WEEK YOU WISH TO OPERATE YOUR PUSHCART:

PLEASE LIST THE HOURS OF THE DAY YOU WISH TO OPERATE YOUR PUSHCART:

FEES

- \$50.00 Annual Permit Fee for each cart must be paid to the City Clerk on the day of Original Permit approval.
- \$50.00 Annual Occupation Tax used must be paid to the City Clerk on the day of original permit approval.

INSURANCE

Applicant shall at all times maintain public liability insurance in the form of a commercial comprehensive general liability policy with a minimum combined single limit of \$500,000 aggregate for any one occurrence, naming the City of Lincoln as an additional insured. The coverage herein shall be subject to review and approval by the City Attorney. **This must be attached to your application prior to submission!**

CONSENT TO INVESTIGATION

The applicant, being first duly sworn upon oath, states that he/she has made the foregoing application; that he/she has read and signed the same and knows the contents thereof and that all statements contained therein are true.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, and said applicant hereby waives any rights or causes of action that said applicant may have against the City of Lincoln, the Police Department of the City of Lincoln and any other individual or agency disclosing or releasing said information to the City of Lincoln or the Police Department of the City of Lincoln.

Subscribed in my presence and sworn to before me this _____ day of _____, _____.

Signature of Applicant

Notary Public

My Commission Expires: _____

Applications are available on the City's web site at "www.ci.lincoln.ne.us".

REFERRALS

PUBLIC WORKS:

DATE: _____ APPROVED: _____ DENIED: _____

COMMENTS: _____

POLICE DEPT.:

DATE: _____ APPROVED: _____ DENIED: _____

COMMENTS: _____

FIRE PREVENTION BUREAU:

DATE: _____ APPROVED: _____ DENIED: _____

COMMENTS: _____

URBAN DESIGN COMMITTEE

DATE: _____ APPROVED: _____ DENIED: _____

COMMENTS: _____

HEALTH DEPARTMENT:

DATE: _____ APPROVED: _____ DENIED: _____

COMMENTS: _____

PLANNING DEPT.:

DATE: _____ APPROVED: _____ DENIED: _____

COMMENTS: _____

MAYOR'S OFFICE:

DATE: _____ APPROVED: _____ DENIED: _____

COMMENTS: _____

